

Audit

Procedures

Hawaii-Pacific Area

Project Officer - Unit Project Officer - Kevberson



Your Gift Changes Lives!



For Office Use Only

Envelope Total: _____

Audited By: _____

Keyperson Envelope 3001
Pledge Card Numbers 75001 - 75025

CONTROLLED MATERIALS

KEYPERSON ENVELOPE

F.E.A.T.

1. Find Identify all the employees in your area of responsibility
2. Educate Make sure all employees attend a CFC briefing
3. Ask Ensure that you ask and provide everyone with a pledge card
4. Thank Thank everyone regardless of whether or not they gave

CONTENTS OF KIT

- 1 CFC Poster (post in a prominent place in your office space)
- 1 Donor Brochures (you will receive one Donor Brochure per employee)
- 25 Pledge Cards (one per employee)
- 1 Training Guide (KEYPERSON must read after checking contents)
- 1 Keyperson's Final Report Form (fill out completely after making all contacts)
- 1 Bank Deposit Slip (for a single deposit once envelope is complete)
- 1 250+ Cash/Check Form (to record all contributions made by Cash/Check that are \$250.00 or more)
- 1 Lost Pledge Card Form (to record lost or destroyed pledge cards)

WHAT TO DO WITH THE FORMS

- **Keyperson's Final Report Form:** Return completed form to envelope to be turned in to your Project Officer with all other used and unused materials.
- **Bank Deposit Slip:** Deposit cash and checks at Bank of Hawaii. After deposit is made, enclose validated copy of the deposit slip in this envelope.
- **Contributors Pledge Card:** After auditing for completeness and accuracy, enclose the #2 and #3 copies in this envelope and turn in **#1 copy to contributor's payroll center** or to your Project Officer for processing. Enclose all unused forms in envelope.
- **Note:** Confidential contributions should be sealed in individual envelopes and put inside this envelope to be turned in to your Project Officer.
- **Damaged or Otherwise Voided Cards:** All cards issued in this envelope must be returned in this envelope. Fill out a Lost Pledge Card Form if any of the cards are lost. Additional pledge cards issued to the Keyperson by his/her Project Officer must be returned to the Project Officer to be placed in the envelope bearing the pledge card's number.



**DO NOT MIX PLEDGE CARDS AMONG ENVELOPES.
RETURN ALL MATERIALS TO YOUR PROJECT OFFICER.**

HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
200 N. Vineyard Blvd, 6th Floor
Honolulu, HI 96817
Telephone: 543-2233/2232 - Fax: 543-2257

**Remove all
contents of
envelope.**



7500 ☐ Super Eagle Giver ☐ Eagle Giver

**2005 Hawaii-Pacific Area
Combined Federal Campaign
P.O. Box 1096 Honolulu, Hawaii 96808**

OPM CFC Control number: **0225**
ATTENTION PAYROLL OFFICES:
This number identifies the local CFC
DO NOT enter into Federal payroll systems

NAME: **1** (LAST) (FIRST) (MIDDLE INITIAL) UNIT/DIVISION AND PAYROLL OFFICE (optional)

MILITARY/COMBINED FEDERAL DEPT./AGENCY DUTY PHONE PAY GRADE (optional) SOCIAL SECURITY NUMBER

CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

✓BOX	MILITARY	TOTAL	✓BOX	CIVILIAN	TOTAL
	\$ _____ X 12 MONTHS = \$			\$ _____ X 26 PAY PERIODS = \$	
	\$35.00 X 12 MONTHS =	\$420.00		\$16.00 X 26 PAY PERIODS =	\$416.00
	\$25.00 X 12 MONTHS =	\$300.00		\$12.00 X 26 PAY PERIODS =	\$312.00
	\$15.00 X 12 MONTHS =	\$180.00		\$ 7.00 X 26 PAY PERIODS =	\$182.00
	CASH OR CHECK \$			CASH OR CHECK \$	

PRINT NEATLY
KEYPERSON ENVELOPE NUMBER
3001
MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

RECOGNITION OPTIONS
Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amount(s) below.
USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge.

PAYROLL DEDUCTION AUTHORIZATION
I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

Signature _____ Date _____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

OPM Form 1654 June 2005

**Keyperson
Responsibility**

**Verify that the Envelope
Number, Pledge Card Numbers
and Keyperson Report Number
belong together**



- Put Pledge Cards in (Numeric Order)
- If there are any missing pledge cards, verify that there is a lost pledge card form.
- Separate Used, Unused Pledge Cards.
- #1 Copy set aside to be forwarded to payroll office if payroll deduction (Project Officer or Keypeople should do this).
- #2 Copy to remain in envelope.
- #3 “thank you” copy to donor (should be given to donor by Keyperson)

Keyperson
Responsibility



UNUSED:

#1 copy (or #2 or #3 if #1 is missing) collect in separate pile. Once all unused pledge cards have been collected for the envelope, staple once in the top middle of pile, write VOID across top card and return to envelope. (Refer to page 1 of the training guide.)

Keyperson
Responsibility



Lost Pledge Card Form

From: _____
Reporting Organization

Address _____

City, State, Zip Code _____

To: 2005 Campaign Planning Committee
U.S. Pacific Command
Box 64013/J31 CFC
Camp H.M. Smith, HI 96861
808-477-9257

Subj: LOST PLEDGE CARD(S)

Ref: 2005 CFC Training Guide

1. This letter documents the loss of pledge card(s) numbers(s). Please list all lost pledge cards per envelope. Use additional sheets if necessary.

2. The individual(s) signing below certifies(y) that all possible steps have been taken to locate the lost pledge card(s).

PLEASE SIGN ON APPROPRIATE LINE(S)

- A. Lost by Keyperson
Pledge card number(s): _____ - _____

Signature _____ Date _____

- B. Lost by Donor
Pledge card number(s): _____ - _____

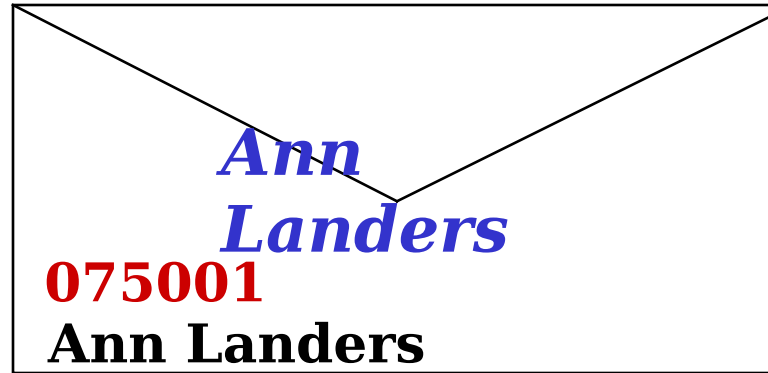
Signature _____ Date _____

File: **Original** with Keyperson Report in Keyperson Envelope with Pledge Cards
Copy to reporting organization Project Officer

**Keyperson
Responsibility**

***Note:**
**Left in the
envelope
after each
audit should
be one copy
(used or
unused) of
every pledge
card or it
must be
listed on the
Lost Pledge**





**Keyperson/CEO
Responsibility**

If there are any confidential contributions in the envelope, leave the confidential envelope(s) unopened. Complete the Keyperson Report without a final total and forward to CFC headquarters

IMPORTANT write confidential on the outside of the envelope!



\$250+ Cash Donations Form

Donors who contribute \$250 or more in cash or check will need a receipt from CFC Headquarters if they are going to use the contribution for tax purposes. Please fill out the information below for any donors who fall into this category and return this form in the Keyperson Envelope. Receipts will be mailed out January 2006.

Name _____
Address _____
Address _____
Envelope # _____ Pledge Card # _____
Cash Amount Contributed _____

Name _____
Address _____
Address _____
Envelope # _____ Pledge Card # _____
Cash Amount Contributed _____

Name _____
Address _____
Address _____
Envelope # _____ Pledge Card # _____
Cash Amount Contributed _____

Name _____
Address _____
Address _____
Envelope # _____ Pledge Card # _____
Cash Amount Contributed _____

Keyperson
Responsibility

**Review
pledge
card for
\$250 and
over cash
check
givers and
ensure
they are on
the \$250
cash check
form.**



7500	☐ Super Eagle Giver ☒ Eagle Giver	2005 Hawaii-Pacific Area Combined Federal Campaign P.O. Box 1096 Honolulu, Hawaii 96808	 OPM CFC Control number ATTENTION PAYROLL OFFICES: This number identifies the local CFC DO NOT enter into Federal payroll systems 0225
NAME (LAST) Landers (FIRST) Ann (MIDDLE INITIAL)		UNIT/DIVISION AND PAYROLL OFFICE (optional) 58716482	
MILITARY UNIT/FEDERAL DEPT./AGENCY USA Fort Shafter Co.		DUTY PHONE 345-1264	PAY GRADE (optional) E5
		SOCIAL SECURITY NUMBER 555-12-1212	

CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

✓BOX	MILITARY	TOTAL	✓BOX	CIVILIAN	TOTAL
☒	\$ 25.00 X 12 MONTHS =	\$ 300.00		\$ _____ X 26 PAY PERIODS =	\$ _____
	\$35.00 X 12 MONTHS =	\$420.00		\$16.00 X 26 PAY PERIODS =	\$416.00
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	CASH OR CHECK	\$ _____		CASH OR CHECK	\$ _____

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amount(s) below.
USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	\$ 300.00
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

PRINT NEATLY

KEYPERSON ENVELOPE NUMBER

3001

MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

RECOGNITION OPTIONS

Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☒ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

1025 Hollywood Blvd.
Honolulu HI 96813

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

Signature **Ann Landers** Date _____

10/5/05

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

OPM Form 1654 June 2005

 Keyperson
Responsibility

- ## Review all pledge cards for the following:
- Correct mathematical computations
 - All dollar figures and designation codes are legible
 - Designated agencies' numbers are three or four digits
 - Designated amounts equal to or less than total contribution
 - If payroll deduction, donor signed card and completed



DISTRIBUTION:
WHITE — CFC HQS
YELLOW — AGENCY PROJECT OFFICER
PINK — KEYPERSON

KEYPERSON'S FINAL REPORT
HAWAII — PACIFIC AREA
COMBINED FEDERAL CAMPAIGN

AGENCY CODE **2**
3001

KEYPERSON'S ORGANIZATION: **25TH ID Headquarters Company** ENVELOPE NUMBER

INSTRUCTIONS TO KEYPERSON
Keyperson's Final Report

1. List the card numbers and names of personnel contributing. When solicitation is complete, black out the names of those not contributing.
2. Enter total cash/check, or total annual payroll deduction (amount indicated by donor on the pledge card) for each contributor under "Amount Contributed." If a contributor uses a sealed envelope, write "confidential" opposite that name under "Amount Contributed." Check the "Eagle Giver" or "Super Eagle Giver" box.
3. Review pledge cards for completeness and accuracy of math and designation information. Make sure donor has kept the receipt copy.
4. When solicitation is complete:
 - a. Total cash/check column (1) and payroll column (2). Total cash listed here must equal total on deposit slip which must be validated by the bank.
 - b. Enter the number of donors and amounts in appropriate blocks below: Cash/checks (3); Payroll deductions (4) (if donor has contributed both cash and payroll only count as one donor in payroll deductions, donors box (4); confidential gifts — enter the number of donors only (5). Total donors (6) will be the sum of categories, 3, 4, & 5. Total amount (6) will be the total of categories 3 & 4.
 - c. Verify pledge card numbers against those listed on the front of your envelope. Turn in unsealed keyperson envelope containing used AND unused contributor's pledge cards, confidential (sealed) envelopes and cash/checks or validated deposits slip to your Project Officer who will verify your results and SIGN THIS REPORT IN YOUR PRESENCE.

KEYPERSON AND PROJECT OFFICER MUST BOTH SIGN: We verify that we have reviewed the pledge cards, deposit slips and this report for completeness and accuracy.

Michael DeWitt
(Keyperson's Signature)

Work Phone: **543-2232**

Nita Yates
(Signature of Keyperson's Project Officer)

Work Phone: **543-2233**

Date: **10/21/XX**

NOTE: SUBMIT ALL #1 COPIES OF THE PAYROLL DEDUCTION CONTRIBUTOR'S PLEDGE CARDS TO PAYROLL OFFICE FOR PROCESSING.

PLEDGE CARD NO.	NAMES OF PERSONS CONTRIBUTING CONTRIBUTOR NAME (PLEASE TYPE OR PRINT USING BALL POINT PEN AND PRESS FIRMLY)	AMOUNT CONTRIBUTED				EAGLE GIVER	SUPER EAGLE GIVER
		BY CASH/ CHECKS (1)	TOTAL ANNUAL PAYROLL DEDUCTION (2)				
7500	Mary Poppins		240	00		X	
7500	Duck McQuack	20	00				
7500	Capt O'Hara		120	00			
7500	Bahhumbug Scrooge	00					
75025 NOT USED							
		TOTAL	20	0060	00		

FOR USE BY CFCHQ PERSONNEL ONLY

AGENCY CODE		REPORT #	
NO. OF DONORS:		DOLLAR AMOUNT:	
CASH		CASH	
PRD		PRD	
CONF. CASH		CONF. CASH	
CONF. PRD		CONF. PRD	
TOTAL		TOTAL	

Using the
pledge cards,
total payroll
deduction
amounts and
number of
payroll givers.
Complete
payroll
deduction

portion in the
"Contributor's
Responsibility
area"



KEYPERSON'S ORGANIZATION: **25TH ID Headquarters Company** ENVELOPE NUMBER

INSTRUCTIONS TO KEYPERSON

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Michael DeWitt
(Keyperson's Signature)

Work Phone: **543-2232**

Nita Yates
(Signature of Keyperson's Project Officer)

Work Phone: 543-2233
Date: 10/21/XX

1000

NOTE: SUBMIT ALL #1 COPIES OF THE PAYROLL DEDUCTION CONTRIBUTOR'S PLEDGE CARDS TO PAYROLL OFFICE FOR PROCESSING.

 500

NAMES OF PERSONS CONTRIBUTING		AMOUNT CONTRIBUTED	
PLEDGE CARD NO.	CONTRIBUTOR NAME (PLEASE TYPE OR PRINT USING BALL POINT PEN AND PRESS FIRMLY)	BY CASH/CHECKS (1)	TOTAL ANNUAL PAYROLL DEDUCTION (2)
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7500	Duck McQuack	20 00	
7500	Capt O'Hara		120 00
7500	Bahhumbug Scrooge	00	
			
75025	TOTAL	20 00	0060 00

Keyperson Responsibility

FOR USE BY CFCHQ PERSONNEL ONLY			
AGENCY CODE		REPORT #	
NO. OF DONORS:		DOLLAR AMOUNT:	
CASH		CASH	
PRD		PRD	
CONF. CASH		CONF. CASH	
CONF. PRD		CONF. PRD	
TOTAL		TOTAL	

Total cash amounts and number of cash givers. The total must agree with the deposit slip which must be validated by the bank. Complete cash portion in the “Contributions



KEYPERSON'S ORGANIZATION: **25TH ID Headquarters Company** ENVELOPE NUMBER

INSTRUCTIONS TO KEYPERSON

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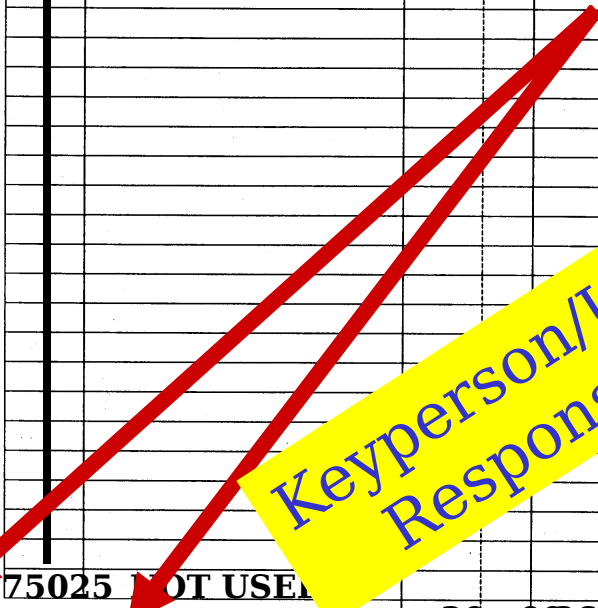
Nita Yates

(Signature of Key person's Project Officer)

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Date: 10/21/XX

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7500	Capt O'Hara			120	00	
7500	Bahhumbug Scrooge		00			
						
						
75025	NOT USED					
TOTAL CONTRIBUTIONS			20	00	360	00

Keyperson/Unit PO Responsibility

**Complete
“Contributions” area by
filling in the
donor and
amounts.
Both Project
Officer/Unit
Project
Officer and
Keyperson
should sign
and list phone
numbers in**



HAGADONE PRINTING COMPANY

DEPOSIT TICKET

KEYPERSON ENVELOPE NUMBER **3001**

DATE **10/15/XX**

DOLLARS CENTS

20 00

CURRENCY

COIN

CHECKS (LIST SEPARATELY)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

Bank of Hawaii

1015 3010 281 000 1 105469

CURRENT CAMPAIGN

TOTAL DEPOSIT

20 00

BANK COPY

HAWAII PACIFIC AREA COMBINED FEDERAL CAMPAIGN CONTRIBUTION ACCOUNT

CURRENCY COUNT - OFFICE USE ONLY

X	100
X	50
X	20
X	10
X	5
X	2
X	1

TOTAL CURRENCY \$

TOTAL COIN & CURR \$

TOTAL 20 00

PLEASE ENTER TOTAL HERE

Keyperson Responsibility

10/15/XX 12:33 01-105469
DDA/SAV DEPOSIT \$20.00
800511 0074.05 PEARL HARBOR

ALL COPIES MUST BE VALIDATED

#1 Copy will be taken by the bank (White Copy)

#2 Copy goes back into the envelope. (Yellow Copy)

#3 Copy is for Keyperson (Pink Copy)



For Office Use Only

Envelope Total: _____

Audited By: _____

Keyperson Envelope 3001
Pledge Card Numbers 75001 - 75025

CONTROLLED MATERIALS

KEYPERSON ENVELOPE

F.E.A.T.

1. Find Identify all the employees in your area of responsibility
2. Educate Make sure all employees attend a CFC briefing
3. Ask Ensure that you ask and provide everyone with a pledge card
4. Thank Thank everyone regardless of whether or not they gave

CONTENTS OF KIT

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**DO NOT MIX PLEDGE CARDS AMONG ENVELOPES.
RETURN ALL MATERIALS TO YOUR PROJECT OFFICER.**

HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
200 N. Vineyard Blvd, 6th Floor
Honolulu, HI 96817
Telephone: 543-2233/2232 - Fax: 543-2257

Keyperson
Responsibility

**Return all
contents to
envelope.**



7500	☐ Super Eagle Giver ☒ Eagle Giver	2005 Hawaii-Pacific Area Combined Federal Campaign P.O. Box 1096 Honolulu, Hawaii 96808	 OPM CFC Control number ATTENTION PAYROLL OFFICES: This number identifies the local CFC DO NOT enter into Federal payroll systems
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✓ BOX MILITARY TOTAL <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">X</td> <td style="width: 40%;">\$ 25.00 X 12 MONTHS =</td> <td style="width: 50%; text-align: right;">\$ 300.00</td> </tr> <tr> <td></td> <td>\$35.00 X 12 MONTHS =</td> <td style="text-align: right;">\$420.00</td> </tr> <tr> <td></td> <td>\$25.00 X 12 MONTHS =</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td></td> <td>\$15.00 X 12 MONTHS =</td> <td style="text-align: right;">\$180.00</td> </tr> <tr> <td></td> <td>CASH OR CHECK</td> <td style="text-align: right;">\$ 300.00</td> </tr> </table>	X	\$ 25.00 X 12 MONTHS =	\$ 300.00		\$35.00 X 12 MONTHS =	\$420.00		\$25.00 X 12 MONTHS =	\$300.00		\$15.00 X 12 MONTHS =	\$180.00		CASH OR CHECK	\$ 300.00	✓ BOX CIVILIAN TOTAL <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 40%;">\$ _____ X 26 PAY PERIODS =</td> <td style="width: 50%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td>\$16.00 X 26 PAY PERIODS =</td> <td style="text-align: right;">\$416.00</td> </tr> <tr> <td></td> <td>\$12.00 X 26 PAY PERIODS =</td> <td style="text-align: right;">\$312.00</td> </tr> <tr> <td></td> <td>\$ 7.00 X 26 PAY PERIODS =</td> <td style="text-align: right;">\$182.00</td> </tr> <tr> <td></td> <td>CASH OR CHECK</td> <td></td> </tr> </table>		\$ _____ X 26 PAY PERIODS =	\$ _____		\$16.00 X 26 PAY PERIODS =	\$416.00		\$12.00 X 26 PAY PERIODS =	\$312.00		\$ 7.00 X 26 PAY PERIODS =	\$182.00		CASH OR CHECK	
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	CASH OR CHECK																														

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amount(s) below.

USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	\$ 300.00
	\$
	\$
	\$
	\$

PRINT NEATLY

3001

KEYPERSON ENVELOPE NUMBER

MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

RECOGNITION OPTIONS

Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

Signature _____ Date _____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

OPM Form 1654 June 2005

Keyperson Responsibility

Things to Look For



7500	☐ Super Eagle Giver ☒ Eagle Giver	2005 Hawaii-Pacific Area Combined Federal Campaign P.O. Box 1096 Honolulu, Hawaii 96808	 OPM CFC Control number ATTENTION PAYROLL OFFICES: This number identifies the local CFC DO NOT enter into Federal payroll systems
NAME (LAST) Landers (FIRST) Ann (MIDDLE INITIAL)		UNIT/DIVISION AND PAYROLL OFFICE (optional) 58716482	
MILITARY UNIT/FEDERAL DEPT./AGENCY USA Fort Shafter Co.		DUTY PHONE 345-1264	PAY GRADE (optional) E5
		SOCIAL SECURITY NUMBER 555-12-1212	

CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

✓BOX	MILITARY	TOTAL	✓BOX	CIVILIAN	TOTAL
	\$ _____ X 12 MONTHS = \$			\$ _____ X 26 PAY PERIODS = \$	
	\$35.00 X 12 MONTHS =	\$420.00		\$16.00 X 26 PAY PERIODS =	\$416.00
	\$25.00 X 12 MONTHS =	\$300.00		\$12.00 X 26 PAY PERIODS =	\$312.00
	\$15.00 X 12 MONTHS =	\$180.00		\$ 7.00 X 26 PAY PERIODS =	\$182.00
☒	CASH OR CHECK	\$ 300.00	☒	CASH OR CHECK	\$ 300.00

PRINT NEATLY

KEYPERSON ENVELOPE NUMBER

3001

MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

RECOGNITION OPTIONS

Check ONE Box: If both boxes are checked, no information will be released.

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DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federal group code(s) and dollar amount(s) below.

USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	\$ 300.00
	\$
	\$
	\$
	\$
	\$

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

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I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and the amount(s) so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time.

Signature _____
Date _____

OPM Form _____

 Keyperson
Responsibility

Things to Look For



7500	☐ Super Eagle Giver ☒ Eagle Giver	2005 Hawaii-Pacific Area Combined Federal Campaign P.O. Box 1096 Honolulu, Hawaii 96808	 OPM CFC Control number ATTENTION PAYROLL OFFICES: This number identifies the local CFC DO NOT enter into Federal payroll systems
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USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT																
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RECOGNITION OPTIONS

Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

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PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time it expires.

Signature _____ Date _____

OPM Form _____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

 Keyperson
Responsibility

Things to Look For



7500	☐ Super Eagle Giver ☒ Eagle Giver	2005 Hawaii-Pacific Area Combined Federal Campaign P.O. Box 1096 Honolulu, Hawaii 96808	 OPM CFC Control number ATTENTION PAYROLL OFFICES: This number identifies the local CFC DO NOT enter into Federal payroll systems 0225
NAME (LAST) Landers (FIRST) Ann (MIDDLE INITIAL)		UNIT/DIVISION AND PAYROLL OFFICE (optional) 58716482	
MILITARY UNIT/FEDERAL DEPT./AGENCY USA Fort Shafter Co.		DUTY PHONE 345-1264	PAY GRADE (optional) E5
		SOCIAL SECURITY NUMBER 555-12-1212	

CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

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	CASH OR CHECK	\$ _____		CASH OR CHECK	\$ _____

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USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	\$ 300
	\$
	\$
	\$
	\$
	\$

PRINT NEATLY

3001

MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

RECOGNITION OPTIONS

Check ONE Box: If both boxes are checked, no information will be released.

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☐ Release my name and the (optional) home address and/or home email contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

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Signature _____ Date _____

OPM Form _____

300.00 OR 3.00

Things to Look For

Keyperson
Responsibility



7500	☐ Super Eagle Giver ☒ Eagle Giver	2005 Hawaii-Pacific Area Combined Federal Campaign P.O. Box 1096 Honolulu, Hawaii 96808	 OPM CFC Control number ATTENTION PAYROLL OFFICES: This number identifies the local CFC DO NOT enter into Federal payroll systems
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MILITARY UNIT/FEDERAL DEPT./AGENCY USA Fort Shafter Co.		DUTY PHONE 445-1264	PAY GRADE (optional) E5
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CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

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	CASH OR CHECK	\$ _____		\$ 7.00 X 26 PAY PERIODS =	\$182.00
				CASH OR CHECK	\$ _____

PRINT NEATLY

KEYPERSON ENVELOPE NUMBER

3001

MAKE CHECK PAYABLE TO:
COMBINED FEDERAL CAMPAIGN

DESIGNATED GIFTS: To designate one or more charities or federated group that appear on the list provided, fill in the charity or federation code(s) and dollar amount(s) below.
USE CODES FROM 2005 BROCHURE ONLY

FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
1 5 2 4	\$ 25.00
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

RECOGNITION OPTIONS

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PAYROLL DEDUCTION AUTHORIZATION

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Signature _____ Date _____

OPM Form _____

☐ VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

 Keyperson
Responsibility

300.00

Things to Look For



Problem:

Deposit slip missing or not validated by the bank or listed total is less than cash pledge card totals.

Solution:

Contact Keyperson/Project Officer to get a copy of the missing slip or find missing dollars.



Problem:

One deposit slip for several envelopes.

Solution:

Make copies of the deposit slip to put into other envelopes. On the copy, indicate the dollar amounts contained in each envelope - show that this adds up to the total on the deposit



Problem:

**Illegible, incorrect
donation or agency code.**

Solution:

**Contact Keyperson or
Donor directly to correct.**



Problem:

**Missing pledge cards, no
“Lost Pledge Card Form.”**

Solution:

**Contact Keyperson and
correct.**



Problem:

One donor giving to six or more agencies.

Solution:

If donor is giving to 6 or more charities, donor will need new pledge card for any charities over 5. Please paper clip all pledge cards for one donor together and indicate that there are 1 of 2, 2 of 2, etc.

Only the first copy needs total



Problem:

One donor gives both cash and payroll.

Solution:

Verify that the Keyperson counted the donors donation in each category - cash dollars and payroll dollars, BUT ONLY counted the donor as one giver (usually in the payroll deduction category) under # of donors..Do Not count the



Project Officer

- **Once the audit is complete, call your CEO to turn in completed envelopes**
- **Keep your bank deposit receipts and keyperson report copy until march of next year!**
- **Have an awesome campaign**
- **The following slides are for Campaign Education Officers**



Campaign Education Officer

- **Ensure all Keyperson and Unit Project Officer Responsibilities have been completed**
- **Do not accept envelopes the have not been properly completed**
- **Complete and finalize audit as shown on following slides**



For Office Use Only

Envelope Total: **380.00**
Audited By: **Thomas L. Ryan**

Keyperson Envelope 3001
Pledge Card Numbers 75001 - **75025**

CONTROLLED MATERIALS

KEYPERSON ENVELOPE

F.E.A.T.

1. Find Identify all the employees in your area of responsibility
2. Educate Make sure all employees attend a CFC briefing
3. Ask Ensure that you ask and provide everyone with a pledge card
4. Thank Thank everyone regardless of whether or not they gave

CONTENTS OF KIT

- 1 CFC Poster (post in a prominent place in your office space)
- 1 Donor Brochures (you will receive one Donor Brochure per employee)
- 25 Pledge Cards (one per employee)
- 1 Training Guide (KEYPERSON must read after checking contents)
- 1 Keyperson's Final Report Form (fill out completely after making all contacts)
- 1 Bank Deposit Slip (for a single deposit once envelope is complete)
- 1 250+ Cash/Check Form (to record all contributions made by Cash/Check that are \$250.00 or more)
- 1 Lost Pledge Card Form (to record lost or destroyed pledge cards)

WHAT TO DO WITH THE FORMS

- **Keyperson's Final Report Form:** Return completed form to envelope to be turned in to your Project Officer with all other used and unused materials.
- **Bank Deposit Slip:** Deposit cash and checks at Bank of Hawaii. After deposit is made, enclose validated copy of the deposit slip in this envelope.
- **Contributors Pledge Card:** After auditing for completeness and accuracy, enclose the #2 and #3 copies in this envelope and turn in **#1 copy to contributor's payroll center** or to your Project Officer for processing. Enclose all unused forms in envelope.
- **Note:** Confidential contributions should be sealed in individual envelopes and put inside this envelope to be turned in to your Project Officer.
- **Damaged or Otherwise Voided Cards:** All cards issued in this envelope must be returned in this envelope. Fill out a Lost Pledge Card Form if any of the cards are lost. Additional pledge cards issued to the Keyperson by his/her Project Officer must be returned to the Project Officer to be placed in the envelope bearing the pledge card's number.



**DO NOT MIX PLEDGE CARDS AMONG ENVELOPES.
RETURN ALL MATERIALS TO YOUR PROJECT OFFICER.**

HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
200 N. Vineyard Blvd, 6th Floor
Honolulu, HI 96817
Telephone: 543-2233/2232 - Fax: 543-2257

**CEO
Completes
upper left
amount and
signs. Print
Neatly.**



Finalize Envelope (CEO)

- **Remove all pinks**
 - **Keep all “YES” I want my name or email released copies neatly in a separate box.**
- **Remove all unused deposit slips**
 - **Keep neatly in a separate box for return to CFC Headquarters**
- **Remove any unused lost pledge card forms**
 - **Keep neatly in a separate box for return to CFC Headquarters**
 - **Used lost pledge card forms will remain in the envelope**
- **Remove all 250+ Cash/Check giver forms and keep neatly in a separate box**
 - **250+ Cash/Check forms will be returned to CFC Headquarters**



Finalize Envelope (CEO)

- **Separate pledge cards with donations and voided or unused cards. There should be only one of each copy in the envelope.**
- **Staple the unused or voided stack in the top center about one inch down. Keep them in a neat stack**
- **There should only be one copy of the Keyperson Report in the envelope (White Copy. Place the pledge cards with donations on them on the Keyperson Report and fold the Keyperson Report in Half.**
- **This will give you all used cards folded neatly inside the Keyperson Report and unused or voided cards stapled. Only the used cards get folded in the Keyperson Report. Unused and can be set on top of folded Keyperson Report.**



Finalize Envelope (CEO)

- **If there are any used lost pledge card forms, place them behind the Keyperson Report and staple once in top left corner.**
- **Return voided and unused stapled pledge cards, Keyperson Report folded over, used pledge cards into the envelope.**



Thank You!

Questions?

